

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96/97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25490

1. Corporation Name

BRANDON BEARS Youth Football League, INC.

Principal Place of Business

1424 DUMMONT DR
VALRICO FL 33594

Mailing Address

4524 SPRING RD
VALRICO FL 33594

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City & State
PO	SPOSARO, FRANK G	1424 DUMMONT DR	VALRICO, FL 33594
VP	AHRENS, ROUS	2214 SPYGLASS HILL	VALRICO, FL 33594
TD	CLARK, JOSEPH	4524 SPRING RD	VALRICO, FL 33594
SA	CART, CHERYL	757 CALIENTE DR.	BRANDON, FL 33594
D	LYTLE, RICHARD	LOS SHADY NOOK DR.	BRANDON FL 33511

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

FRANK SPOSARO
1424 DUMMONT DR
VALRICO, FL 33594

9. Name and Address of New Registered Agent

Name JOSEPH W CLARK
Street Address (P.O. Box Number is Not Acceptable)
4524 SPRING RD
Suite, Apt. #, Etc.
City VALRICO
State FL Zip Code 33594

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (12/96)